

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC			FEC IDENTIFICATION NUMBER ▼ C C00609388		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Deliver Strategies, LLC			Date of Public Distribution/Dissemination 10 / 31 / 2018		
Mailing Address PO Box 100970			Amount 4508.62		
City Arlington	State VA	Zip Code 22210-3970	Transaction ID : VTDG0AAWSK7 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type 			
Name of Federal Candidate Hill, Katherine, L., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		84916.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Resonance Campaigns LLC			Date of Public Distribution/Dissemination 10 / 31 / 2018		
Mailing Address 1020 16th St NW Ste 701			Amount 20437.06		
City Washington	State DC	Zip Code 20036-5730	Transaction ID : VTDG0AAWSD9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type 			
Name of Federal Candidate Luria, Elaine, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought		69579.72	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24945.68		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Shropshire, Adrianne, R., ,</i>		[Electronically Filed]		Date 11 / 01 / 2018	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Resonance Campaigns LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2018		
Mailing Address 1020 16th St NW Ste 701			Amount 15178.35		
City Washington	State DC	Zip Code 20036-5730	Transaction ID : VTDG0AAWSF5		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Cockburn, Leslie, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 05 State: VA
Calendar Year-To-Date Per Election for Office Sought		45966.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Resonance Campaigns LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2018		
Mailing Address 1020 16th St NW Ste 701			Amount 15177.08		
City Washington	State DC	Zip Code 20036-5730	Transaction ID : VTDG0AAWSG3		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Cockburn, Leslie, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 05 State: VA
Calendar Year-To-Date Per Election for Office Sought		45966.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30355.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Shropshire, Adrienne, R., ,

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Date

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Signature

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 PAGE 3 OF 4
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Resonance Campaigns LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2018</div> </div>	
Mailing Address 1020 16th St NW Ste 701		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8165.99</div>	
City Washington State DC Zip Code 20036-5730	Transaction ID : VTDG0AAWSH1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Direct Mail - Estimate	Category/Type		
Name of Federal Candidate Kelly, Brendan, , ,		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Resonance Campaigns LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2018</div> </div>	
Mailing Address 1020 16th St NW Ste 701		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3678.70</div>	
City Washington State DC Zip Code 20036-5730	Transaction ID : VTDG0AAWSJ9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Direct Mail - Estimate	Category/Type		
Name of Federal Candidate Underwood, Lauren, , , A		<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">11844.69</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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Shropshire, Adrienne, R., ,

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M M M	/	D D D	/	Y Y Y Y Y Y									

Full Name of Payee Resonance Campaigns LLC		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>31</td> <td></td> <td>2018</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		31		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
10		31		2018									
Mailing Address 1020 16th St NW Ste 701		Amount <table border="1"> <tr> <td colspan="5">6318.00</td> </tr> </table>		6318.00									
6318.00													
City Washington	State DC	Zip Code 20036-5730	Transaction ID : VTDG0AAWWD6										
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Name of Federal Candidate Brown, Sherrod, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="5">6318.00</td> </tr> </table>	6318.00					Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____					
6318.00													

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address		Amount <table border="1"> <tr> <td colspan="5"></td> </tr> </table>											
City	State	Zip Code	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Purpose of Expenditure		Category/ Type											
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="5"></td> </tr> </table>						Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____					

(a) SUBTOTAL of Itemized Independent Expenditures.....	<table border="1"> <tr> <td colspan="5">6318.00</td> </tr> </table>	6318.00				
6318.00						
(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					
(c) TOTAL Independent Expenditures.....	<table border="1"> <tr> <td colspan="5">73463.80</td> </tr> </table>	73463.80				
73463.80						

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Shropshire, Adrienne, R., ,

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Date

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2018

Signature